

EXHIBIT F

5 Seperate photocopied documents of USPS Certified Mail Receipts. ⁽³⁾ PS Form 3800, and ⁽²⁾ PS Form 3811. Totalling 5 documents altogether. These documents are in the name of Petitioner, Devon Denzel Letourneau.

7014 0150 0001 0713 2846

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
JAN 30 2020	
Sent To	
Gina M. Raimondo, Governor of Rhode Island	
Street, Apt. No., or PO Box No. 82 Smith St. Rm 115	
City, State, ZIP+4 Providence, RI 02903	
PS Form 3800, August 2005 See Reverse for Instructions	

7014 0150 0001 0713 2853

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 JAN 30 2020

Sent To
 Marisa P. Brown, Superior court administrator
 Street, Apt. No.,
 or PO Box No. 250 Benefit street
 City, State, ZIP+4
 Providence, RI [02903]

PS Form 3800, August 2006 See Reverse for Instructions

7014 0150 0001 0713 2341

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

JAN 30 2020

PROVIDENCE, RI 02903

Sent To
 Peter F. Neronha, Attorney General of RI
 Street, Apt. No.,
 or PO Box No. 150 South Main Street
 City, State, ZIP+4
 Providence, RI 02903

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rhode Island Attorney General,
Peter F. Neronha
RI Attorney General Office
150 South Main St.
Providence, RI [02903]

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number 7014 0150 0001 0713 2341

(Transfer from service label)

Affixed to certified document inside envelope

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

RI 029

03 FEB '20

PM 2.1

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

DEVON DENZEL LETOURNEAU; ESTATE.

Executor Office.

Nation Rhode Island.

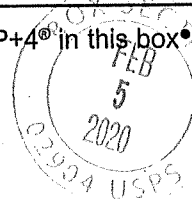
General Post-Office.

Corliss Street - Two-Four.

Providence.

United States Minor, Outlying Islands.

Near. [02904-9998]



UNITED STATES POSTAL SERVICE

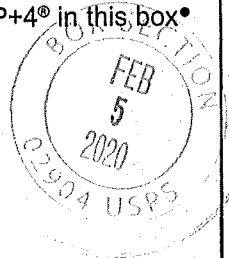
01 FEB 20

PM 21

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

DEVON DENZEL LETOURNEAU, ESTATE.
 Executor Office.
 Nation Rhode Island.
 General Post-Office.
 Corliss Street-Two-Four.
 Providence.
 United States Minor, Outlying Islands.
 Near. [02904-9998]



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Superior court administrator,
 Marisa P. Brown
 Providence County superior court
 Frank Licht Judicial Complex
 250 Benefit street
 Providence, RI [02903]

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number 7014 0150 0001 0713 2853

(Transfer from service label)

Affixed to Certified Document inside envelope.

PS Form 3811, July 2013

Domestic Return Receipt

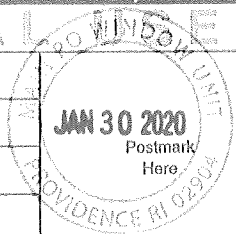
EXHIBIT G

6 Seperate photocopied documents of usps certified Mail Receipts. (3) ps Form 3800, and (3) ps Form 3811. Totalling 6 documents altogether. These documents are in the name of Petitioner, Charles Emanuel Porter Pona.

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

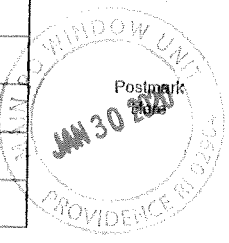
Sent To
Gina M. Raimondo, Governor of Rhode Island
Street, Apt. No.,
or PO Box No. *82 Smith St. Rm 115*
City, State, ZIP+4[®] *Providence, RI 02903*

PS Form 3800, August 2006

See Reverse for Instructions

7014 0150 0001 0713 2976

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Postmark
JAN 30 2020
PROVIDENCE RI 02904

Sent To	
Marisa P. Brown, superior court administrator	
Street, Apt. No., or PO Box No. 250 Benefit street	
City, State, ZIP+4 Providence, RI 02903	

PS Form 3800, August 2006 See Reverse for Instructions

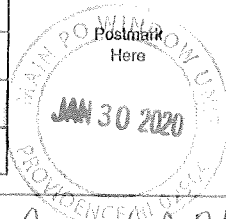
7014 0150 0001 0713 2969

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Peter F. Neronha, Attorney General of RI
 Street, Apt. No.,
 or PO Box No. *150 South Main St.*
 City, State, ZIP+4 *Providence, RI 02903*

PS Form 3800, August 2006

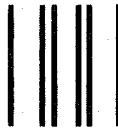
See Reverse for Instructions

UNITED STATES POSTAL SERVICE

RIDGE

03 FEB 20

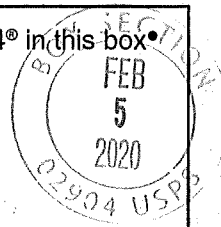
PM 1



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box.

CHARLES EMANUEL PORTER PONA, ESTATE.
Executor Office.
Nation Rhode Island.
General Post-Office.
Corliss street-Two-Four.
Providence.
United States Minor, Outlying Islands.
Near. [02904-9998]



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Superior court administrator,
Marisa P. Brown
Providence County Superior
Court
Frank Licht Judicial Complex
250 Benefit street
providence, RI [02903]

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number 7014 0150 0001 0713 2976

(Transfer from service label)

Affixed to Certified Document inside envelope

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rhode Island Attorney General,
Peter F. Neronha
RI Attorney General Office
150 South Main St.
Providence, RI [02903]

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

2. Article Number 7014 0150 0001 0713 2969

(Transfer from service label)

Affixed to certified document inside envelope.

PS Form 3811, July 2013

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

RI 029

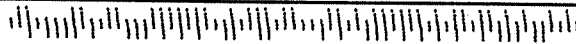
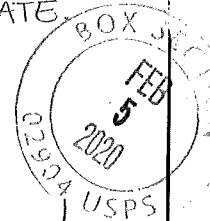
03 FEB 20

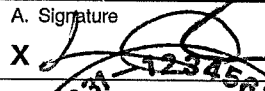


First-Class Mail
Postage & Fees P.
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

CHARLES EMANUEL PORTER PONA, ESTATE
Executor Office.
Nation Rhode Island.
General Post-Office.
Corliss street- Two-Four.
Providence.
United States Minor, Outlying Islands.
Near. [02904-9998]



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X </p> <p>B. Received by (Printed Name) CORLIS PARK STATION</p> <p>C. Date of Delivery 2/3</p>	
<p>1. Article Addressed to:</p> <p>Rhode Island Governor, Gina M. Raimondo 82 Smith St. Rm 115 Providence, RI [02903]</p>		<p>Is delivery Address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>FEB 2020 PROVIDENCE, RI 02904</p>	
		<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number 7014 0150 0001 0713 2952 (Transfer from service label) Affixed to Certified Document inside envelope.</p>			
PS Form 3811, July 2013		Domestic Return Receipt	